November 3, 2006

Ms. Pat Casanova
Waivers, ICDMP, CHIP
Office of Medicaid Policy and Planning
Indiana Family and Social Services Administration
402 West Washington Street, Room W382, MS07
Indianapolis, IN 46204-2739

Tracking No: H20060178

RE: Prior Authorization Quarterly Report, Third Quarter 2006

Dear Ms. Casanova:

Enclosed is the Prior Authorization Quarterly Report for the Third Quarter 2006 for your review.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Kimberly Lashbrook, B.A.
Director, Prior Authorization

Enclosure

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P. Steenbergen, Dr. T. Grisell, Dr. A. Arkush, K. Forrest, K. Horton (HCE)

Health Care Excel
Prior Authorization Quarterly Report

The attached report and graphs reflect HCE Prior Authorization activity during the Third Quarter 2006.

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EXECUTIVE SUMMARY

I. PA Trend Analysis Report

- Assignment groups with the highest approval rate were outpatient, transplant, home health, transportation and physical therapy; the highest denial rates were optometric, rehabilitation, speech, audiology, DME and occupational therapy.
- PA units requested decreased 12% from the last quarter and 36% from the third quarter last year.
- Since implementation on November 4, 2005, 29,255 Web interChange requests have been received and processed. Transportation and home health providers account for the highest number of Web interChange requests submitted.
- Suspended requests that are not answered by the provider result in 45% of the overall denials.
- Duplicate requests result in 31% of all denials; 10% are transportation requests.

II. Criteria And Denial Issues

- Requests for Psychiatric Residential Treatment Facility Services have plateaued over the last three quarters.
- The number of transplant requests increased from last quarter; transplants remain among the highest approved category.
- Two Traumatic Brain Injury (TBI) out-of-state members' per diem rates were reduced, saving the IHCP $13,800.00 for the quarter.
- Ten members were admitted to out-of-state TBI facilities.
- Requests for bariatric surgery increased from last quarter by 41%.

III. System External Issues

- Awaiting the automation of PRTF decisions to Managed Care Organizations Change Order (CO), 494 decision letters were manually faxed this quarter to the respective MCOs.
- The PA department continues to coordinate with AmeriChoice and Hospice Providers to disenroll members from risk based managed care. The completion of CO110 will significantly reduce the involvement of AmeriChoice, HCE, and providers in this process.
- Inpatient burn services were removed from PA in 2001. CO747 will allow the system to reimburse without PA. There were 127 requests this quarter.

IV. Administrative Reviews, Hearings, and Appeals Analysis

- 227 Administrative Reviews were requested and processed with a 38% uphold rate. Many providers submitted additional documentation with review supporting approval of request.
- Nine Administrative Hearings were held with PA presence at all of them.

I. PA TREND ANALYSIS REPORT

A. Units Requested by Decision Type and Category

PA Category	Units Requested	Units Approved	% Approved	Units Modified	% Modified	Units Denied	% Denied
Audiology	2,905	1,751	60%	432	15%	629	22%
Chiropractic	0	0	0%	0	0%	0	0%
Dental	11,465	5,381	47%	4,789	42%	1,226	11%
DME	2,427,197	1,281,296	53%	664,689	27%	474,382	20%
Home Health	704,163	544,155	77%	94,424	13%	65,573	9%
Hospice	2,140	380	18%	1,462	68%	298	14%
Hospital	10,018	5,136	51%	630	6%	1,286	13%
Mental Health	264,724	116,010	43%	101,868	38%	46,679	17%
Occupational Therapy	25,510	11,868	47%	8,545	33%	5,062	20%
Optometry	16	1	6%	0	0%	9	56%
Outpatient	3,239	2,984	92%	53	2%	161	5%
Physical Therapy	415,439	297,358	72%	75,583	18%	42,123	10%
Physician	3,566	1,035	29%	166	5%	684	19%
Podiatry	52	8	15%	10	19%	7	13%
Rehabilitation	3,302	522	16%	1,358	41%	1,422	43%
Respiratory Therapy	0	0	0%	0	0%	0	0%
Speech Therapy	16,061	8,183	51%	4,057	25%	3,767	23%
Transplant	946	756	80%	8	1%	182	19%
Transportation	2,230,797	1,696,742	76%	121,427	5%	411,830	18%
Total	**6,121,5402**	**3,973,566**	**65%**	**1,079,501**	**18%**	**1,055,320**	**17%**

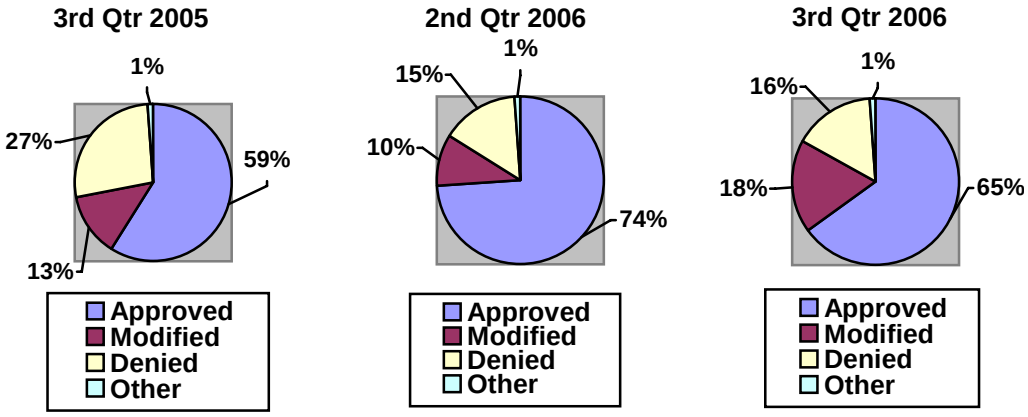
*This total includes an additional 16,465 units over all categories, which includes suspended and no prior authorization required decision requests.

B. Top Four Categories by Decision Type

Top Four Categories Approved		Top Four Categories Modified		Top Four Categories Denied	
♦ Outpatient	92%	♦ Hospice	68%	♦ Optometric	56%
♦ Transplant	80%	♦ Dental	42%	♦ Rehabilitation	43%
♦ Home Health	77%	♦ Rehabilitation	41%	♦ Speech	23%
♦ Transportation	76%	♦ Mental Health	38%	♦ Audiology	22%

There were a total of 70,341 PA requests processed during the third quarter 2006, as compared to 67,447 during the third quarter 2005. This trend analysis indicates an overall decrease of 2,894 PA requests processed. There were a total of 6,124,852 units processed during the third quarter 2006, as compared to 9,664,255 units during the third quarter 2005. This trend analysis indicates a decrease of 3,539,403 units processed during the third quarter 2006. All PA requests processed include telephone, Web interChange, fax, and paper requests. No electronic 278 transaction requests have been received since the implementation on October 16, 2003; however, since the implementation of submission of PA requests via Web interChange November 2005, 29,255 requests have been received.

C. Comparison of Quarterly Percentages by Decision Type



Decision Type	3rd Qtr 2005		2nd Qtr 2006		3rd Qtr 2006	
Approved	5,746,571	59%	4,236,808	74%	3,973,566	65%
Modified	1,278,431	13%	1,298,596	10%	1,079,501	18%
Denied	2,622,973	27%	1,381,489	15%	1,055,320	16%
Other	16,280	1%	17,812	1%	13,153	1%
Total	**9,664,255**	**100%**	**6,934,705**	**100%**	**6,121,540**	**100%**

There was an overall decrease in the number of PA units requested during the third quarter 2006. The number of units decreased by 36%, compared to the third quarter 2005, and 12%, compared to the second quarter of 2006.

There was an overall increase in the number of PA requests during the third quarter 2006. The number of requests increased by 3%, compared to the third quarter 2005, and 1% compared to the second quarter of 2006.

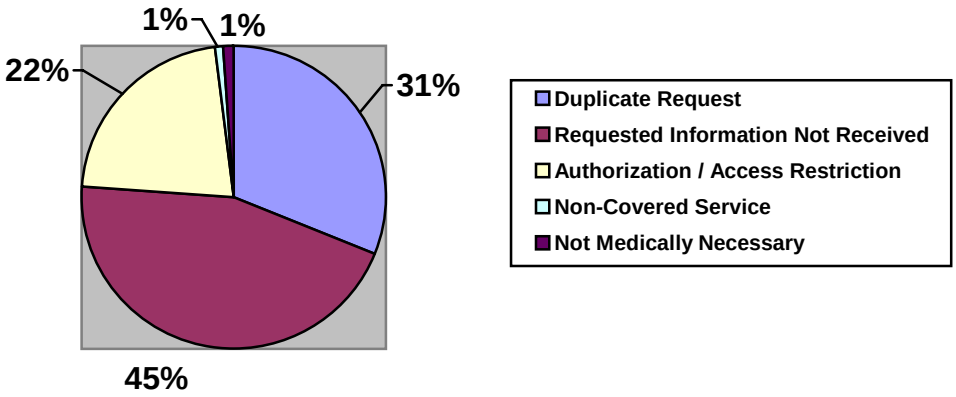
Outpatient, transplant, home health, and transportation have the highest approval rates of all categories. Despite their high approval rate, PA does not recommend removing these services from prior authorization because of the cost linked to these services and past fraudulent activity with these categories.

D. Web interChange

Since the implementation on November 4, 2005, of prior authorization submission and inquiry on Web interChange, 22,255 requests have been received. Transportation requests are the highest number of web requests; requests can be reviewed and approved in entirety with the information received in the submission. Home health requests account for the second largest category submitted via the web assuring providers timely receipt when required documentation is enroute to HCE. Therapies, mental health, and dental requests have increased submissions via the web this quarter.

Web interChange use was promoted at the Hospice and DME Association meetings and at all provider meetings attended by PA management. Providers were encouraged to use the inquiry function to determine start of service dates for concurrent or continuation of services requests to avoid duplication of current authorizations. Requests that overlap current authorization will reject for duplication and the provider will need to adjust the date for successful submission. The increased use of inquiry and submission by providers should decrease the number of duplicate requests. Duplicate requests increased by one percent this quarter; however, despite the slight increase requests are still projected to decrease.

E. Denial Decision Reasons



The main reject decision reasons used were as follows:

1.	Requested Information Not Received	45%
2.	Duplicate Request	31%
3.	Authorization/Access Restriction	22%
4.	Non-Covered Service	1%
5.	Not Medically Necessary	1%

DME, mental health, transportation, home health, and physical therapy requests account for 94% of the denials. Duplicate request denials can be attributed to more than one vendor providing services and providers asking for authorization of span dates and not completing system updates for existing requests for unique dates of services. Transportation providers continue to have the highest number of duplicate requests resulting in 10% of overall denials with no significant change

from last quarter. DME requests attributed to 6% of the overall denials this quarter.

When information is not received in response to a suspended request, the request is systematically denied. Requested information not received accounted for 45% of the overall denials. DME, mental health, dental, physical therapy, transportation, and home health services had the highest percentages of suspensions without a response. These providers have a high rate of telephonic requests which are suspended for supporting documentation. When the paperwork is not submitted, the request systematically denies.

DME, dental, physical therapy, and mental health providers continue the trend of the highest number of Authorization/Access Restriction denials. Modification of units or dates of service result in untimely requests and deny with a reject reason of Authorization/Access Restriction. A discrepancy between units reflected in the Plan of Care and units requested result in modification. Dental requests are modified when dentures are requested for less than six years.

One percent of the denials were for non-covered service requests. Requests such as standing wheelchairs and van lifts are examples of non-covered service requests. Non-emergency transportation is a non-covered service for Package C members and accounts for a portion of the non-covered category. Dental services such as implants are non-covered services which were requested this quarter.

One percent of the denials were for not medically necessary services with the highest assignment categories of DME, mental health, and acute rehabilitation services. DME continues to be denied when the request is for the comfort and convenience of the member or caregiver.

II. CRITERIA AND DENIAL ISSUES WITH RECOMMENDATIONS

A. Hospice

1. Total Hospice Requests

2006	Total Requests Received	New Requests	Re-elects	Suspensions	Nursing Facility	Members at Home	Peds
3rd Qtr	3,544	664	1,259		505	159	0

2. Comparison of Hospice Requests by Decision Type

Hospice	3rd Qtr 2005		2nd Qtr 2006		3rd Qtr 2006	
Approved	506	21%	462	15%	380	19%
Modified	1,716	72%	1,638	73%	1,462	71%
Denied	101	4%	1,230	12%	207	10%
Other	55	3%	1	0%	0	0%
Total	**2,378**	**100%**	**3,331**	**100%**	**2,049**	**100%**

During the third quarter of 2006, there were 3,544 requests received for hospice benefits including system updates. Of these, 664 were for enrollment of new members, comprising 18% of the requests. Paperwork not dated, omission of required forms, missing signatures, and insufficient documentation to support terminal condition of the member were the main reasons for suspensions. Hospice prior authorization modification rates remained the same from the last quarter and from the same quarter the previous year. Modification occurs when the benefit periods are approved differently than requested. Miscalculation of benefit start dates and length of the current period resulted in 80% of the modifications. The denial rates decreased slightly from last quarter and increased from the same quarter last year. Denials resulted mainly from untimely submission of paperwork and insufficient documentation to support the member's condition as terminal. Thirty-one requests were sent to consultant for review for medical necessity of hospice services. Twelve were approved, none were suspended for additional documentation, and nineteen were denied for documentation not supporting medical necessity of hospice services.

At the Hospice Workgroup meeting during the third quarter, Hospice providers were encouraged to submit electronic requests via Web interChange. Hospice requests must be received within ten days of election or the beginning of the benefit period. The submission of requests electronically eases the process of submitting requests in a timely manner. Hospice providers were not initially able to submit requests electronically; they were not a named provider type who could submit requests per 405 1AC 5-3-10. However, 405 IAC 5-34-4 allows for submission of requests by hospice providers. HCE, OMPP, and EDS coordinated and agreed hospice providers should be allowed to submit requests via the web. Hospice providers were able to submit requests using the web starting March 1, 2006. Since implementation of Web interChange accepting hospice requests, 694 requests have been received via the web.

B. Psychiatric Residential Treatment Facility (PRTF) Services

PRTF	3rd Qtr 2005		2nd Qtr 2006		3rd Qtr 2006	
Approved	728	99%	803	99%	794	100%
Modified	5	1%	5	1%	2	*
Denied	3	0%	0	0%	2	*
Other	0	0%	1	0%	2	*
Total	**736**	**100%**	**809**	**100%**	**800**	**100%**

* *less than 1%*

During the last quarter the PRTF admission requests decreased 1% from the last quarter.

The total number of enrolled PRTF providers is 14. No new providers enrolled as PRTF providers. As a result, the PRTF admission rate is projected to remain the same in the next quarter.

Modifications decreased during the third quarter 2006 which may be attributed to providers' education by PA management that no more than thirty days will be approved per request as published in BT200404. Consequently, this should not be an issue in the future.

OMPP requested Medical Policy and Prior Authorization review the current PRTF criteria and determine if it supports the decision process during review. Prior Authorization identified areas in criteria that needed clarification such as readmission and discharge planning. Medical Policy submitted revised PRTF criteria to OMPP for approval June 2005. The Medical Analysis and Research (MAR) Manager, IMPRS Contract Director, Surveillance and Utilization Review Manager, and Prior Authorization Manager met with the staff of OMPP in September to discuss how this may impact prior authorizations. Prior Authorization will implement the revised criteria upon OMPP approval.

C. Transplant

Type of Transplant	Number of Requests	Number Approved	Number Suspended	Number Denied
Heart	6	3	3	0
Liver	24	18	6	0
Lung	12	9	3	0
Kidney	83	57	24	2
Bone Marrow	17	11	5	1
Cornea	16	15	1	0
Pancreas	10	5	5	0
Bowel	0	0	0	0
Heart-Lung	2	1	0	0
Other	1	0	1	0
Total	**171**	**119**	**48**	**3**

There were 171transplant requests received during the third quarter of 2006.

- 119 (70%) were approved.
- 48 (28%) requests were suspended for additional information.
- 3 (2%) requests were denied.

Transplant requests had the highest approval rate of all assignment categories with a 70% approval rate. Suspension rates continue to be low at 28%. Transplant requests are suspended for current history, physical examination, psychiatric or dental evaluation. Approval rates can be attributed to providers submitting documentation that clearly supports criteria and medical necessity of procedures.

As reported third quarter 2005, a hospital in Indiana was granted CMS approval to provide intestinal and multivisceral transplant services on June 7, 2005. Medical Policy continued to coordinate with this provider and their physicians in the revision of Medical Policy Fact Sheets.

D. Psychological Testing Consultant Referral Activity

During this quarter, 152 psychological testing requests were referred to psychological consultants for review of medical necessity. This is a 108% increase from the third quarter 2005 and an 11% decrease from the second quarter of 2006. PA requests were referred to consultants due to the age of the member, the number of units requested, if multiple testing codes were requested, or if other factors required psychologist consultant review. The table below illustrates the outcomes based on the psychologists' recommendations.

1. Comparison of Psychological Testing Request Outcomes

Approved		Modified		Suspended		Denied		Total
Number of Units	**% of Total**	**Number of Units**	**% of Total**	**Number of Units**	**% of Total**	**Number of Units**	**% of Total**	**Number of Units**
86	11%	338	41%	210	26%	181	22%	**815**

Overall, 89% of psychological testing units were modified, denied, or suspended for additional information by consultants. Consultants modified 41% of the units due to excessive units requested or submitted documentation did not support medical necessity of the requested units. An additional 22% were denied because the submitted documentation did not meet the criteria established for coverage. Lack of documentation to reach a decision resulted in 26% of the requests being suspended for submission of additional information. This is a potential cost savings of $12,527.

Denials decreased by 49% from the second quarter of 2006. The providers are receiving additional education concerning medical necessity and the denial rate is expected to decrease next quarter.

E. Traumatic Brain Injury (TBI)

Ten requests were received for out-of-state placement. Thirty current placements were extended after review of the submitted reports from their respective facilities. Eight members were successfully discharged back to Indiana. Six were able to return home to join their families. One was able to enter a supported living program, another returned to Indiana for medical care not available out of state. One member died of cardiac arrest secondary to cardiac issues prior to admission.

Progress reports continue to be received and reviewed on a monthly basis on all out-of-state members. Per diem rates were reduced for two members who have progressed in their treatment programs and require less intensive services. This reflects a savings to IHCP of $13,800.00 per quarter.

F. Bariatric Surgery

During the third quarter 2006, there were 61 new bariatric surgery requests received and an ending inventory of 45 requests from the previous quarter.

- Thirty-six requests met criteria and were approved.
- Thirteen requests were denied for the following reasons.
  - Nine requests were denied when the requested information was not submitted by the provider within the 30 day timeframe.
  - Two requests were denied because the members were enrolled in RBMC.
  - One request was denied as a duplicate.
  - One request was denied for not meeting the required criteria.
- Fifty-seven requests remain suspended awaiting additional information.

Complete requests and approval of bariatric surgeries including five years of medical records and a psychiatric evaluation completed by a psychiatrist or Health Service Provider in Psychology (HSPP). Nine requests denied systematically when requested information was not received within 30 days.

III. SYSTEM AND EXTERNAL ISSUES

A. Change Orders (CO)

Change Request Codes	Description	Activity
CO 141 Automation of PRTF Decisions to Manage Care Organizations (MCO)	A CO was written to automate sending a PA decision letter to the appropriate MCO or Primary Medical Provider (PMP) when a PA is approved for a Hoosier Healthwise member. Currently, these decisions are manually faxed to the MCO or PMP. Automation of this process will improve PA department efficiency and timeliness of decision communication.	HCE continued to fax PRTF decision letters to the MCO's, totaling 494 letters manually sent to respective MCO's during the second quarter of 2006. A PA supervisor calls the managed care contact person monthly to ensure fax telephone numbers remain current. The last activity on this CO occurred September 9, 2004.
CO 382 **Out of State Emergency Indicator**	Out-of-state providers are reimbursed without obtaining a PA for E1399, a miscellaneous DME HCPCS code, when the emergency indicator is checked. The CO will not allow certain services to bypass prior authorization when an emergency indicator is on the claim.	The category of this CO has changed from Prior Authorization to Claims Processing during a defining meeting involving EDS and HCE representatives. OMPP requested this CO to include other non-emergent services, including dental services. Outpatient and inpatient claims should not bypass PA unless an emergent diagnosis is attached. The OMPP will research the possibility of a mass adjustment related to claims that bypassed PA. Prior Authorization will attend all upcoming meetings regarding CO including walkthroughs and testing. This CO is awaiting priority ranking by the Operational Effectiveness Team (OET) May 26, 2006.
CO 110 Open-Ended End-Date on Level of Care Screen	Allow reviewers to enter an open-ended end date on the level of care screen.	The CO was expected to be implemented in the second quarter of 2005. The OMPP long-term care policy analyst is coordinating with EDS on progress regarding this CO and the priority status. The implementation of this CO will allow streamlining of claims and the prior authorization process. At the present time, reviewers are faxing disenrollment requests to AmeriChoice when providers send in signed election forms. However, if the level of care is not updated before the first of the month, the member receiving hospice will be automatically assigned to managed care and the provider, HCE, and Americhoice, repeat the disenrollment process. When this CO is implemented, the start of care will be entered in the level of care signaling the system not to enroll the member into managed care. PA will attend all upcoming meetings regarding this CO. This implementation should decrease the workflow for hospice reviewers, providers, OMPP, and AmeriChoice. PA met with OMPP and EDS Long Term Care Unit to finalize the change request on October 31, 2006.

Change Order Codes	Description	Activity
CO747 Removal of PA for Burns	Remove prior authorization requirement from the system.	OMPP approved the removal of PA from inpatient burn services in 2001. A CSR was submitted to EDS however, it was placed on hold while change orders related to HIPAA were worked. The PA manager discovered the CSR was not crosswalked to a CO and was never prioritized to be worked. The CSR was crosswalked last quarter and the detail requirements were submitted. At this time, inpatient burn providers must request an authorization or the claim will inappropriately deny. This quarter 127 units were requested and approved. This CO is awaiting priority ranking by OET which was discussed at the July 6, 2006 meeting.

B. Department of Education

Department of Education staff members, a Division of Aging policy analyst, and the PA manager met to discuss school systems home health services reimbursement through the Medicaid claims system. Discussion focused on how school system claims could be reimbursed without needing or decrementing prior authorization. Members of the EDS reference file team met with the group to discuss available options. Follow up meetings will include the Surveillance and Utilization Review manager who has been involved with ongoing billing practice policies of the school systems. Coordination will continue to resolve appropriate reimbursement of school system claims without impact to State Plan services.

IV. ADMINISTRATIVE REVIEWS, HEARINGS, AND APPEALS ANALYSIS REPORT AND RECOMMENDATIONS

A. Administrative Review

1. Administrative Review Activity

Administrative Review Activity	Number of Requests
Unresolved from Previous Months	16
New Requests Received	223
Decisions Rendered	227
Balance	**12**
Administrative Review Decisions	
Approved	86
Modified	31
Denied	98
No Issue	12
Total Decisions	**227**

2. Administrative Review Decisions by Provider Type

Provider Type	AR Decisions
Chiropractic	0
Dental	6
DME	43
Home Health	27
Hospice	33
Hospital	3
LTAC	1
Mental Health	57
Psychological Testing	3
Optometry	0
OT	8
PT	2
Physician	10
Podiatry	0
Rehabilitation	18
RT	0
Speech/Audio	16
Transplant	0
Transportation	0
TBI	0
Total	**227**

3. Administrative Review Activity by Decision Type

Decision	3rd Qtr 2005		2nd Qtr 2006		3rd Qtr 2006	
	Number	%	Number	%	Number	%
Approved	71	31%	82	33%	86	38%
Modified	38	17%	49	14%	31	14%
Denied	111	48%	109	50%	98	43%
No Issue	11	4%	20	3%	12	5%
Total	**231**	**100%**	**260**	**100%**	**227**	**100%**

4. Top Five Administrative Review (AR) Requests by Provider Type

Provider Types	3rd Qtr 2005	2nd Qtr 2006	3rd Qtr 2006
Mental Health	77	65	57
Hospice	-	36	33
DME	17	50	43
Home Health	26	-	27
Occupational Therapy	-	18	-
Rehabilitation	11	29	18
Transportation	50	-	-

Mental health remained the highest AR category. Modification of extended length of acute inpatient stays by a psychiatrist consultant resulted in the most requests. In most cases, the member was appropriate for State hospital or group home placement and was on a waiting list for an available bed. When approval is given for admission of inpatient psychiatric stays, providers are encouraged to start discharge planning and are required to state this plan when submitting concurrent reviews for continued stays.

DME AR requests decreased this quarter from last quarter but increased from last year. DME requests denied as non-covered, such as luxury and convenience items, have been upheld during Administrative Review.

Hospice AR requests have increased; initial requests without sufficient documentation to support a terminal condition are denied. AR requests with additional documentation supporting a terminal rather than a chronic condition are approved. The Division of Aging is aware of the increase in AR requests and has met with the PA manager on this issue. Monthly onsite meetings at HCE have been scheduled to review home health and hospice appeal issues; the Medical Policy department will be included as criteria issues are identified.

B. Administrative Hearings

1. Administrative Hearing Activity

Administrative Hearing Activity	Member Appeal	Provider Appeal	Total
Unresolved from Previous Months	**14**	**12**	**26**
New Appeals Received	36	15	51
Cases Dismissed	15	3	18
*No Issue	1	0	1
*Request was Untimely	0	0	0
*Additional Information Submitted	3	0	3
*Withdrawn	11	3	14
ALJ Decisions Received	2	2	4
Balance	**33**	**22**	**55**
Packets Prepared for Hearings	10	8	18
Hearings Scheduled	14	4	18
Hearings Held	8	1	9
**Hearing Notices Received	29	24	53

*Represents breakdown of Cases Dismissed.
**Hearing Notices received are included in the inventory of unresolved and new appeals

2. Administrative Hearing Decisions by Provider Type

Provider Type	ALJ Decisions
Chiropractic	0
Dental	1
DME	0
Home Health	1
Hospice	1
Hospital	0
LTAC	0
Mental Health	0
Optometry	0
OT	0
PT	0
Physician	0
Podiatry	0
Rehabilitation	0
RT	0
Speech/Audio	0
Transplant	0
Transportation	0
TBI	0
Total	**3**

3. Administrative Law Judge Decisions by Requestor Type

Administrative Law Judge (ALJ) Decisions Received	Member Appeal	Provider Appeal	Total
Dismissed - Untimely	0	0	0
Remanded	1	0	1
Overturned	0	1	1
Sustained	1	1	2
Modified - Partially Favorable	0	0	0
Total Decisions	**2**	**2**	**4**

During the third quarter of 2006 there were 51 requests received for administrative appeal and four decisions were received from the ALJ. There were 18 hearings scheduled. A PA representative was present at nine hearings held.

4. New Administrative Hearing Requests Received By Requestor Type

Decision	3rd Qtr 2005		2nd Qtr 2006		3rd Qtr 2006	
New Appeals	**Number**	**%**	**Number**	**%**	**Number**	**%**
Members	36	55%	21	87%	36	70%
Providers	30	45%	10	13%	15	30%
Total	**66**	**100%**	**31**	**100%**	**51**	**100%**

Of the 51 new administrative hearing requests received in the third quarter of 2006, 70% were requested by members while 30% were requested by providers.

C. Administrative Law Judge (ALJ) Decisions

There were four ALJ decisions received during the third quarter of 2006. Two decisions were sustained, one was overturned in favor of the provider and one was remanded to the member by the ALJ.

D. Agency Reviews

Agency Review Activity

Requested by	Unresolved Reviews	Reviews Initiated	Decision in Favor of HCE	Decision in Favor of Provider	Decision in Favor of Member	Decision Remanded	Balance
HCE	0	0	0	0	0	0	**0**
Provider	0	1	0	1	0	0	**1**
Member	0	0	0	0	0	0	**0**
Total	**0**	**1**	**1**	**0**	**0**	**0**	**1**

One agency reviews was conducted during the third quarter in 2006 and found in favor of the provider.

E. Judicial Reviews

There were no judicial reviews during the third quarter 2006.